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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANTS : Stefan Bodenschatz, Thorsten Herzberg
SERIAL NO. : 09/445,065
FILED : 12/01/99
FOR : Bandage for the arm with enclosure for the shoulder

GROUP ART UNIT: 3733

EXAMINER :

Hon. Commissioner of Patents
and Trademarks
Washington, D.C. 20231

February 17, 2000

REQUEST FOR CORRECTED FILING RECEIPT

SIR:

The filing receipt in the above-identified application was found to
contain the following errors:

THE TITLE SHOULD READ:

BANDAGE FOR THE ARM WITH ENCLOSURE FOR THE SHOULDER

OUR NEW FIRM NAME SHOULD NOW READ: NORRIS, McLAUGHLIN & MARCUS, ATTORNEYS AT LAW
660 WHITE PLAINS ROAD, TARRYTOWN, NY 10591-5144

Please issue a corrected filing receipt at your earliest convenience.

Respectfully submitted,

NORRIS McLAUGHLIN & MARCUS

By 

William C. Gerstenzang
Reg.No. 27,552

WCG/hg
660 White Plains Road
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Bib Data Sheet



UNITED STATES DEPARTMENT OF COMMERCE
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Address: COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

SERIAL NUMBER 09/445,065	FILING DATE 12/01/1999 RULE -	CLASS 602	GROUP ART UNIT 3733	ATTORNEY DOCKET NO. BEIERSDORF-5	
APPLICANTS STEFAN BODENSCHATZ, BUXTEHUDE, GERMANY; THORSTEN HERZBERG, HAMBURG, GERMANY; ** CONTINUING DATA ***** THIS APPLICATION IS A 371 OF PCT/EP98/03168 05/28/1998 ** FOREIGN APPLICATIONS ***** GERMANY 197 24 322.3 06/10/1997					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature _____ Initials _____		STATE OR COUNTRY GERMANY	SHEETS DRAWING 2	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 1
ADDRESS NORRIS MCLAUGHLAN & MARCUS ATTORNEYS AT LAW 660 WHITE PLAINS ROAD TARRYTOWN, NY 10591-5411					
TITLE ARM BANDAGE ENCOMPASSING THE SHOULDER					
FILING FEE RECEIVED 840	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		